

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Martinez, Mike

15 ACCOUNT # (Ethics Commission filers)
00000078

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
---	----	------

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
--	----	------

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
--	----	------

4. TOTAL POLITICAL EXPENDITURES	\$	2,910.00
---------------------------------	----	----------

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	6,524.61
--	----	----------

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
---	----	------

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



M. Martinez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mike MARTINEZ, this the 13 day of January, 2011, to certify which, witness my hand and seal of office.

Reyna Ruiz
Signature of officer administering oath

Reyna Ruiz Admin Specialist
Print name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/3 Report: 3/5	2 FILER NAME Martinez, Mike	3 ACCOUNT # (TEC filers) 00000078
--	---------------------------------------	---

4 Date 08/26/2010	5 Payee name Austin AFL-CIO Council
-----------------------------	---

6 Amount (\$) \$215.00	7 Payee address City; State; Zip Code 1106 Lavaca Street Austin, TX 78701
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Labor Day Program
---------------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 10/08/2010	Payee name Blue Roots Strategies
--------------------	-------------------------------------

Amount (\$) \$145.00	Payee address City; State; Zip Code P.O. Box 300053 Austin, TX 78703
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website Hosting Renewal
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 07/19/2010	Payee name CAAAD Asian American Progress PAC
--------------------	---

Amount (\$) \$100.00	Payee address City; State; Zip Code P.O. Box 4560 Austin, TX 78765
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation for event
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 07/23/2010	Payee name Capital Area Democratic Women PAC
--------------------	---

Amount (\$) \$500.00	Payee address City; State; Zip Code P.O. Box 2211 Austin, TX 78768-2211
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 2010 Celebration of Champions Event Sponsorship
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/3 Report: 4/5	2 FILER NAME Martinez, Mike	3 ACCOUNT # (TEC filers) 00000078
--	---------------------------------------	---

4 Date 08/24/2010	5 Payee name Fifth Lamar Retail I, LTD
-----------------------------	--

6 Amount (\$) \$350.00	7 Payee address City; State; Zip Code 907 West 5th Street Austin, TX 78703
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Return Campaign Contribution	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return Campaign Contribution
---------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 10/08/2010	Payee name Florence's Comfort House
--------------------	--

Amount (\$) \$200.00	Payee address City; State; Zip Code 515 Kemp Street Austin, TX 78741
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 08/11/2010	Payee name Friends of Barton Springs Pool
--------------------	--

Amount (\$) \$100.00	Payee address City; State; Zip Code P.O. Box 685286 Austin, TX 78768
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation to purchase brooms to clean Barton Springs Pool
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 07/22/2010	Payee name Schlosser, Brad
--------------------	-------------------------------

Amount (\$) \$350.00	Payee address City; State; Zip Code 601 North Lamar Ste. 301 Austin, TX 78703
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Return Campaign Contribution	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return Campaign Contribution
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/3 Report: 5/5	2 FILER NAME Martinez, Mike	3 ACCOUNT # (TEC filers) 00000078
--	---------------------------------------	---

4 Date 09/01/2010	5 Payee name South Austin Democrats
-----------------------------	---

6 Amount (\$) \$100.00	7 Payee address City; State; Zip Code PO Box 152592 Austin, TX 78715
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Awards Dinner Sponsorship
---------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 07/21/2010	Payee name Travis County Democratic Party
---------------------------	---

Amount (\$) \$500.00	Payee address City; State; Zip Code 1311 East 6th Street Suite B Austin, TX 78702
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution for award event
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 07/22/2010	Payee name White, Ron
---------------------------	---------------------------------

Amount (\$) \$350.00	Payee address City; State; Zip Code 17830 Serene Hills Pass Austin, TX 78738
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Return Campaign Contribution	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return Campaign Contribution
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------